

COMMUNITY HEALTH ASSESSMENT & IMPROVEMENT PLAN



2019-2021

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TIPPECANOE COUNTY
HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.

Special thanks to Kate Hill-Johnson of Franciscan Health for leading the effort of this Community Health Needs Assessment with our local major hospitals.

Thank you to Mallili Morvans for helping with the Chronic Disease section.

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EXECUTIVE SUMMARY

The Community Health Needs Assessment performed every 3-5 years is an overview of the health of our community. A community's well being, is more than the sum of the health of individuals who live in Tippecanoe County. A collaborative survey of both quantitative and qualitative data was collected for this document, however there is much more community data which determines the quality of life of our residents. **The Social Determinants of Health:**

Economic stability

Neighborhoods & the Physical Environment

Education

Individual Health and Access to Care

Social and Community Context

are topics covered in this document. The purpose of this assessment to share benchmark indicators which help us paint a picture of our community, to showcase our strengths and capacity as well as call attention to areas that need more resources.

In 2017, the Tippecanoe County Health Department began to plan for the Community Health Needs Assessment and revision of the Community Health Improvement Plan, both to be completed by the end of 2018. The purpose of this document is to reflect the findings of the 2018 Community Health Assessment and identify what priority areas the Tippecanoe County Health Department will focus on and track over the next three years, from 2019 - 2021.

Findings from the 2018 Community Health Needs Assessment indicated the top five community concerns were:

- Substance Abuse
- Mental Health
- Food Access, Affordability, and Safety
- Obesity
- Homelessness

As a result of the 2018 Community Health Needs Assessment, Tippecanoe County Health Department selected the following 5 health priorities to focus on from 2019-2021:

- Substance Abuse
- Mental Health
- Chronic Disease
- Public Health Education and Outreach
- Access to Resources



INTRODUCTION



Preventing disease is essential to helping people live longer, healthier lives, and keeping healthcare costs down. The Tippecanoe County Health Department (TCHD) is devoted to understanding the common health behaviors and attitudes of all residents with efforts to improve the health of our population.

The mission of TCHD is “Enhancing the quality of life for the citizen of Tippecanoe County through education, promotion, and protection of public and environmental health”. This is the third Community Health Needs Assessment (CHNA) the county has done, previously in 2011 and 2016. Primary and Secondary sources of data were utilized in creating this CHNA. Tippecanoe County utilized the Association for Community Health Improvement (ACHI) Assessment Toolkit to execute the CHA and CHIP processes to meet Public Health Accreditation Board’s Standards and Measures.

This document is divided into two parts, Part 1, **the highlights and findings of the CHNA**. Qualitative and quantitative data were collected from primary and secondary sources. Social determinants of health such as demographic information, social and economic factors identified the current state of Tippecanoe County resident’s health behavior, health outcomes, access to resources, and perceptions of different issues. Disparities that exist among different races, age groups, household income, and education affect residents health and are highlighted. After the assessment and report was complete, a draft of the CHNA was made available online to community partners and stakeholders to review our findings and to collect additional secondary data.

Part 2, the **Community Health Improvement Plan (CHIP)** , outlines the strategic goals and objectives that the health department has identified as priority areas or health concerns most in need of improvement in the community. These were chosen based on our health department’s capacity and resources. The Health Department collaborates with partners in order to align our goals with the local hospitals and state priorities. Meetings held with local stakeholders, health agencies and social service organizations identified where collaboration could occur based on the overlap of health priorities. The health department has outlined each measurable objective for how we plan to address each goal within each priority over the next five years.

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TIPPECANOE COUNTY HEALTH DEPARTMENT

Vital Records

- Birth and Death Records
- Paternity Affidavits

Food Safety and Protection

- Food and Restaurant Inspections
- Food Handler Certification
- Reducing food contamination

Environmental Health

- Waste water disposal and treatment
- Surface water pollution
- Indoor pollution and mold
- Rural housing and meth complaints

Public Health Nursing

- Immunizations
- Communicable Disease Investigations
- STD Testing and Intervention
- Tuberculosis Testing, Intervention, and Outreach
- Gateway to Hope Needle Exchange Program

Epidemiology

- Community Outreach
- Implementation and Coordination of Community Programs
- Maintain Community Partner relations
- Conducting Community Health Needs Assessments
- Community Improvement Planning
- Health Education

WIC (Women, Infants, and Children) Program

- Breastfeeding support for new mothers
- Food Packages to infants, children, and mothers
- Nutrition Education classes

Emergency Preparedness

- Emergency Preparedness Planning and Response
- ESF 8 Health and Medical Coalition Coordination
- Tippecanoe County Medical Reserve Corps



TIPPECANOE COUNTY HEALTH DEPARTMENT

FRAMEWORK

The approach to the Community Health Needs Assessment and Community Health Improvement Plan (CHIP) was guided by the Association for Community Health Improvement (ACHI) framework which consists of 9 different steps. These steps were followed as the CHNA was developed and afterwards when the goals were shared with the community. CHIP planning and execution processes for Tippecanoe County. The Association for Community Health Improvement also provides educational tools and resources to assist health leaders enhance their performance in achieving community goals. Each step is highlighted and addressed.



Figure 1: ACHI Community Health Assessment Toolkit.

Source:

<http://www.healthycommunities.org/Education/toolkit/index.shtml#.WRYdrIUrL5I>

Community Stakeholders

Donna Avolt	Tippecanoe County Coroner	Adam Murphy	City of Lafayette
Jenn Silanskis	IU Health Hospital Social Worker	Jennifer Flora	Mental Health America
Paige Logan	Gateway to Hope	Sharon Hutchinson	Tippecanoe County Grant Coordinator
Carl Erich	United Way	Jayne Rayman	IU School of Medicine– West Lafayette
Jennifer Layton	Lafayette Transitional Housing	Jason Padgett	Home with Home/ Grace Recovery
Adam Meyer	Food Finders Food Bank	Joe Micon	Lafayette Urban Ministry
Melissa Dexter	IU Health Hospital	Jackie Bahler	Franciscan Health Hospital
Amber Noll	PU Extension	Donna Scanlon	Bauer Family Resources
Kelly Thornburg	Fountain/Warren County	Jennifer Swartz	Drug Free Coalition
Melissa Dismore	Fountain/Warren County	Brianna Lerch	Tippecanoe County Health Department
Laci Frodge	Fountain/Warren County	Pauline Shen	Tippecanoe County Health Department
Alicia Keen	Women , Infants and Children	Virginia Vaught	North Central Health Services
Lindsey McCollum	City of West Lafayette		

METHODOLOGY

Step #1 Reflect and Strategize

There were two previous CHNA, 2011 and 2015. The first CHNA was produced before there was a Public Accreditation Board. In both cases a formal accredited model was not used. However both surveys included the local health coalition and members of the two major hospitals. Both hospitals participated in the survey distribution and included the final health department CHNA in their hospital community assessment for their 990 non profit status. Future assessments should include conversations with other health agencies community health improvement plans, the hospitals' goals and our Health department goals to reduce duplication of services and increase collaboration while considering the capacity of each other's organizations.

Step #2 Identify and Engage

In Sept 2017 the state wide Franciscan Health Alliance from Indianapolis approached the Health Department and other hospital (IU Health Arnett)in Tippecanoe county and proposed a joint CHNA survey be designed and administered by IU School of Public Health. North Central Health Services, a private foundation supporting the health agencies for ten counties in our region and owner of a third smaller mental health hospital also agreed to be a major stakeholder. The Work team joined together in conversation on numerous occasions to discuss the design, participation, and timeline for the upcoming CHNA. The local Health Coalition, chaired by the United Way was the major conduit for information.

Step #3 Define the community

Our county is a hub in a region of rural counties. Our hospitals and health department serve more than just our county residents, however for the purpose of the CHNA we have chosen to define our community within the county boundaries.

Step #4 Data Collection

Qualitative and Quantitative data were obtained through primary assessment and secondary data sources. The primary data collection was obtained through the random dissemination of health assessments throughout the county based on zip code by IU School of Public Health in May 2018. The sample size was 796. Qualitative data was collected by the distribution of a short questionnaire to many employees that work at public, health, and government agencies in the area. There were 69 respondents.

The low socio economic population was oversampled because they are often in need of health resources in the community and their voice is not always heard. The demographics of the sample statistics are shared on page 14.

Step #5 Prioritize Community Health Issues

The top five community health issues and the top five health priorities for our health department are in the Executive Summary. They are not exactly the same because a health department has limited resources and not all the skill sets for all the health issues.

METHODOLOGY

Step #6 Document and Communicate Results

In October 2018, a Community Health Improvement Planning Committee was created. This committee includes multiple community partners and stakeholders. TCHD shared the Community Health Needs Assessment results and the Community Health Improvement Drafts with the committee and HAT our local health coalition.

Step #7 Plan Implementation of Strategies

Priority areas for community health improvement were discussed through the Community Health Improvement Planning Committee. This committee worked together in October and November of 2018 to develop goals, strategies and action items to achieve those goals.



Step #8 Implement Strategies

The Community Health Improvement Planning Committee will work together to implement strategies via action items. These items can be found in the CHIP Goal Tracker at the end of this document. The committee will meet bi-annually to track the progress of each goal/strategy and the Tippecanoe County Health Department will continually work on each action item throughout 2019-2021 and update progress.

Step #9 Evaluate Progress

The Tippecanoe County Health Department will be responsible for evaluating the progress of each of the 5 goals. The committee will assist in evaluating the action items during the bi-annual committee meetings.

COMMUNITY ENGAGEMENT

Addressing health concerns in the community cannot be addressed by one organization but rather by a collaboration of community partnerships, organizations, and members who collectively aim to increase the health of the community.

Apart from the CHNA Work Team (St. Franciscan Hospital, IU Health Hospital, and North Central Health Services, there were community organizations that contributed by assisting with the dissemination of the CHA and input or partnership during the planning of the CHIP. These organizations together make up the Health Coalition of Tippecanoe County.

The health department attends bi-monthly HAT (Healthy Active Tippecanoe) Health Coalition meetings every other month to address health issues in the community as a whole, which are led by United Way of Tippecanoe County. At these meetings, representatives from different health groups and organizations share updates, upcoming events, and concerns from their organization and then are responsible for taking that new information back to their organization. These organizations are identified to the right. HAT meetings were also used to discuss the planning and execution of the CHA and CHIP.

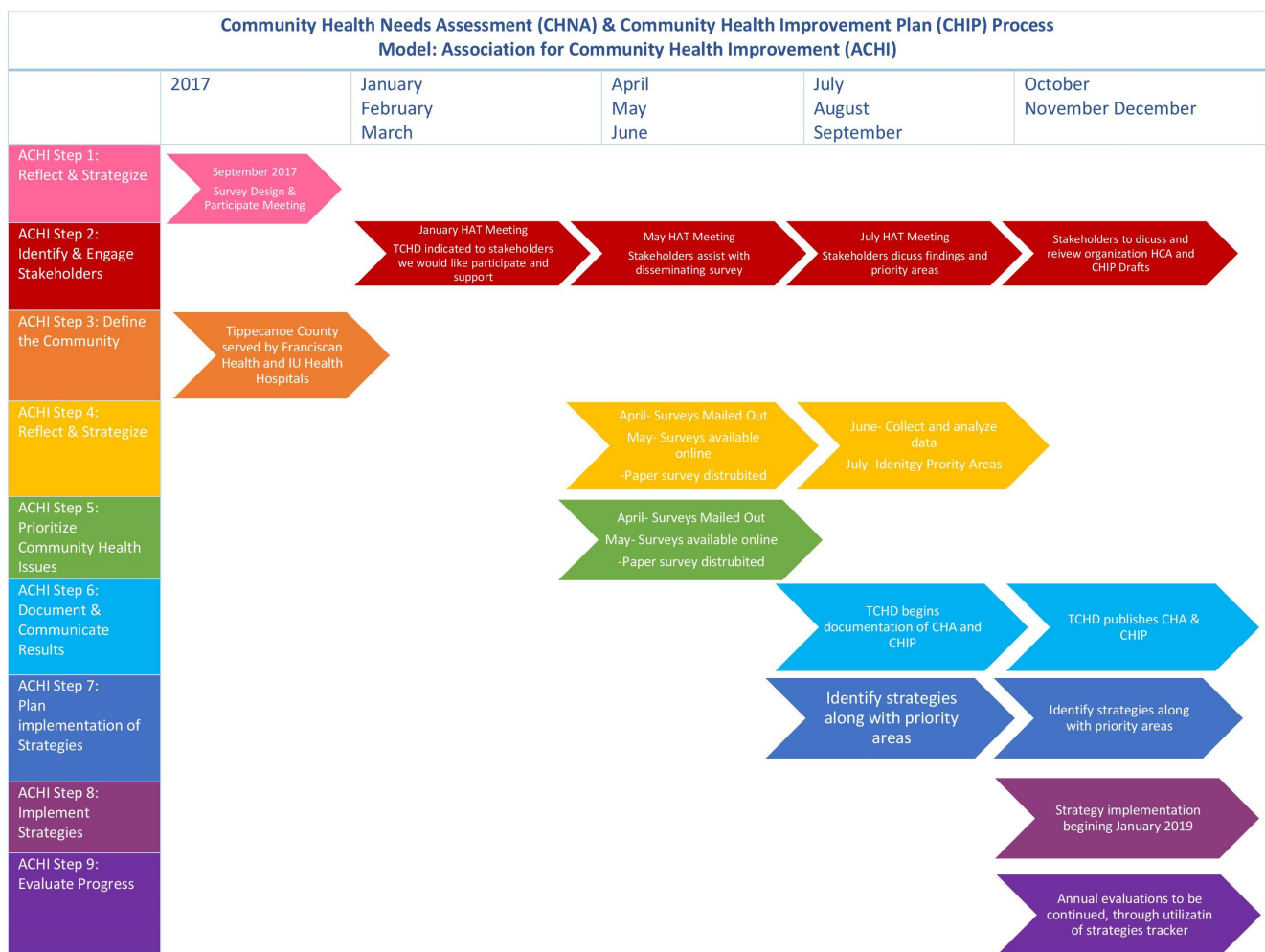
Apart from the health coalition, the health department is also involved in other partnerships, coalitions, and groups, that connect organizations with similar health priorities or goals in the community. These groups, which are listed below, were also asked to partner with the health department in the execution of the CHA and CHIP.



PROCESS & TIMELINE

This is a flowchart that provides a timeline of our action steps over the course of the CHA and CHIP planning process with the guidance of the ACHI framework. Most of the effort to carry out the CHA and CHIP occurred over the year of 2018.

The CHIP was completed by the December of 2018, therefore tracking of goals and strategies in the CHIP will start at the beginning of 2019 and carried through 2021. As previously mentioned, there are 9 steps recommended by the Association for Community Health Improvement (ACHI), that are taken to effectively conduct a Community Health Needs Assessment and for the implementation of a Community Health Improvement Plan. These steps are outlined in the following page below.



TIPPECANOE COUNTY

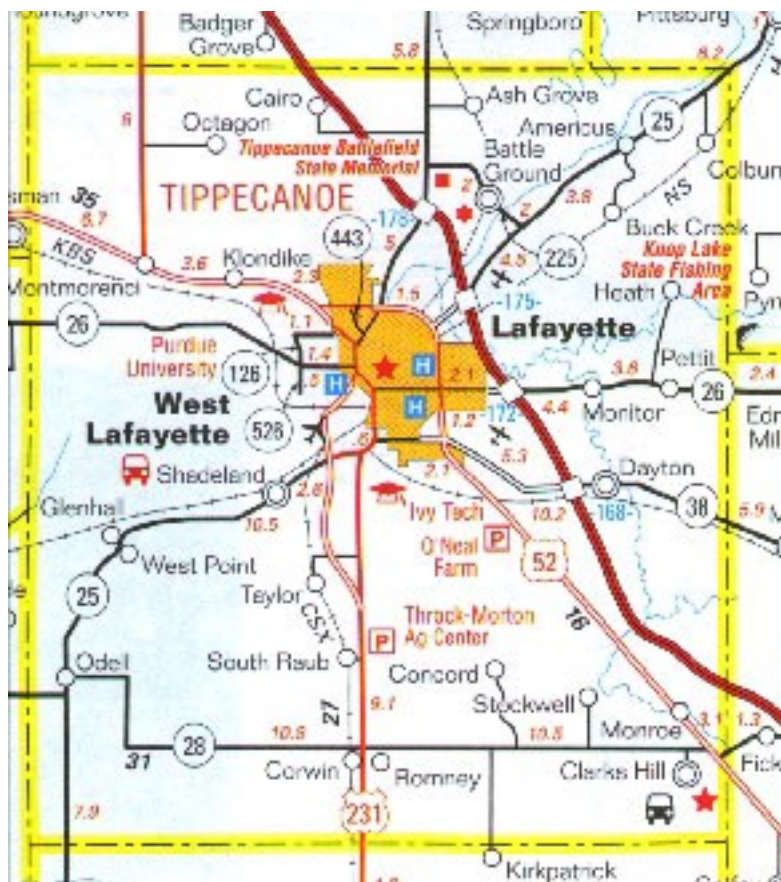
COMMUNITY

HEALTH

NEEDS

ASSESSMENT

DEFINING THE COMMUNITY



Overall Population: Tippecanoe County is the 7th largest county in the state of Indiana with a population of 190,500. It is located in the north central region of the state and covers approximately 500 square miles. (Indiana STATS). It is both urban and rural with the 62% of the population in West Lafayette and Lafayette.

Tippecanoe County is home to Purdue University and therefore all demographics are affected by the enrollment of 40,000+ young, transient students. This affects the average age, the income, the poverty level, housing, access to health care resources and many other benchmark statistics of secondary data.

The age demographics of Tippecanoe County are **significantly** different from Indiana (and the nation, which is similar to Indiana) in the college age range. The table shows age range by percentage, note the 18-24 range is 24% or at least 2.5 times larger than the same age range for Indiana. (2017 data)

A unique characteristic of the community is Purdue University and their student enrollment compared to the population of the county. The enrollment of the university is more than 20% of the entire population, 35,000+ vs 180,000+. This has an effect on the employment rate, available housing for low income, poverty rate is artificially higher, binge drinking among the young is higher, use of health care resources such as TB screening, # of immigrants and a multitude of other factors that affect the Health Department and other social services.

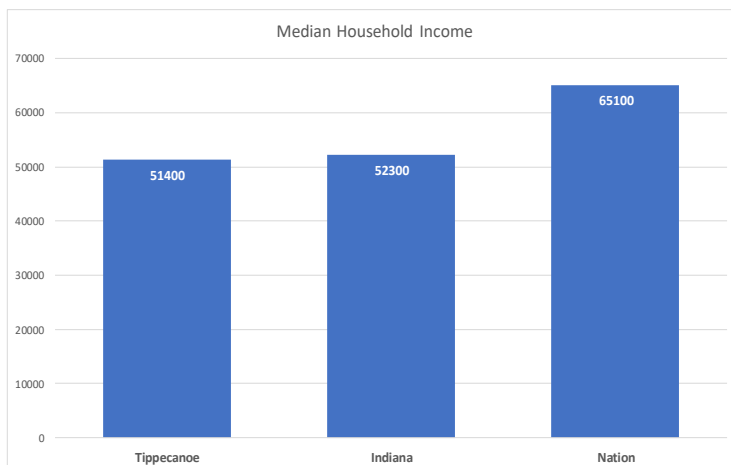
Age	Tippecanoe	Indiana
0-4	6	6
Age 5-17	15	17
18-24	24	10
25-44	25	25
45-64	20	26
65+	10	16

DEFINING THE COMMUNITY

Racial and Ethnic Diversity

Tippecanoe County is similar to the state of Indiana in terms of Caucasians, but they have half the percentage of people of color, black, 5.5 vs. 9.7%. Most likely due to the University there are 3x the percentage of Asians than the state, 8.6% vs 2.5%. The Hispanic population is a little higher than the state at 8.5% vs 7%. This is seen in the 15% of the population does not speak English or speaks a different language in the home.

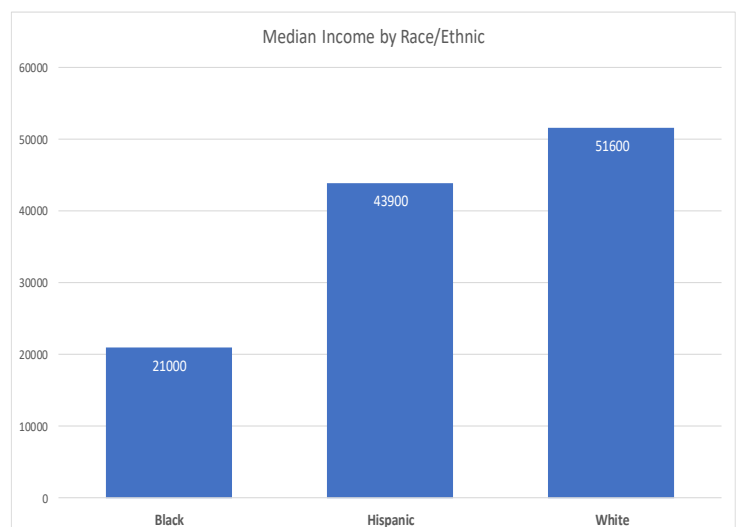
Race	Tippecanoe	Indiana
White	83.5	85.4
Black	5.5	9.7
Asian	8.6	2.5
Native American	0.4	0.4
Multi	2.1	2.1



Income

Individuals that live in communities with higher incomes are more likely to have safe homes and neighborhoods, full service grocery stores with healthy foods, safe places for physical activity, and higher quality school systems with better resources. This graph shows Tippecanoe has a median income close to the state, but significantly less than the nation.

However income by education or race/ethnic shows a strong disparity in the community. This was also seen in the school system where there was a large free and reduced percentage in one school corporation. This pocket of poverty is focused on the black and Hispanic population.



DEFINING THE COMMUNITY

Education

The following table shows the educational level of Tippecanoe county residents compared to Indiana state. As a university community one in three have a Bachelor's degree or higher, 34.3% compared to the state at 23.6%. The high school graduation rate varies from 97.7% in W. Lafayette schools to 87.1% in Lafayette schools, but at least equivalent to the state. The data show a disparity between education levels within the county, which is geographic and related to the University.

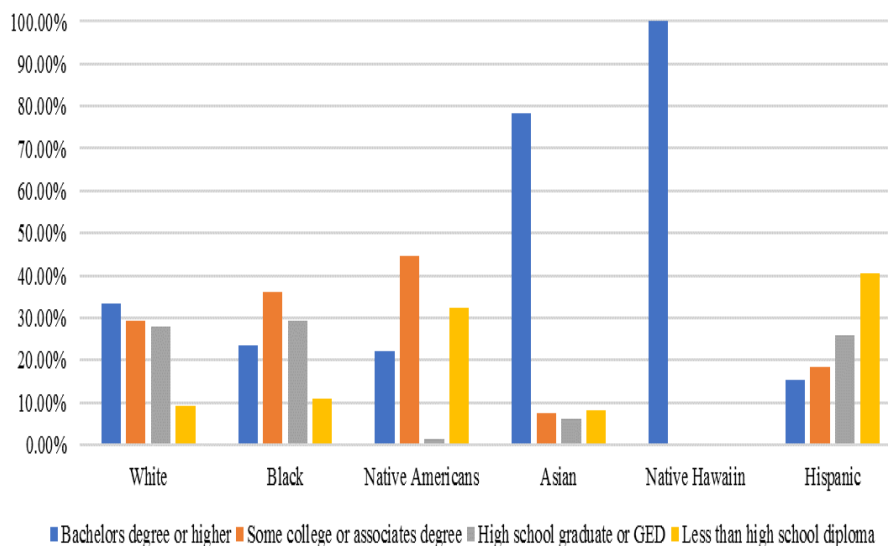
Educational Level	Tippecanoe	Indiana
<9th grade	3	3.9
9-12 grade	6.3	8
HS Grad or equiv	26.6	34.2
Some college	21.1	20.8
Associate Deg	7.8	8.4
Bachelor's Degree	19.8	15.7
Graduate Degree	15.5	8.9

U.S Census Bureau – 2016 American Community Survey

A standard benchmark for the socio economic level of the students enrolled. There is a strong disparity between free and reduced lunches in the three public schools corporations.

West Lafayette School Corp	15.9%
Lafayette School Corporation	70.4%
Tippecanoe County School Corporation	34.6%

Education Attainment by Race and Ethnicity



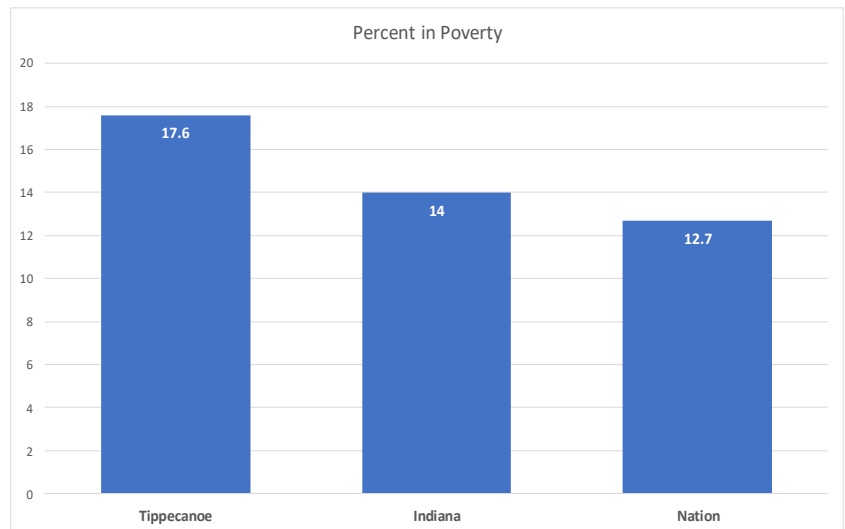
There is a wide variation in educational attainment by race and ethnicity. This in turn affects income, employment and quality of life. More than one in three (40%) Hispanics did not have a high school diploma, the highest percentage of any group.

DEFINING THE COMMUNITY

Poverty

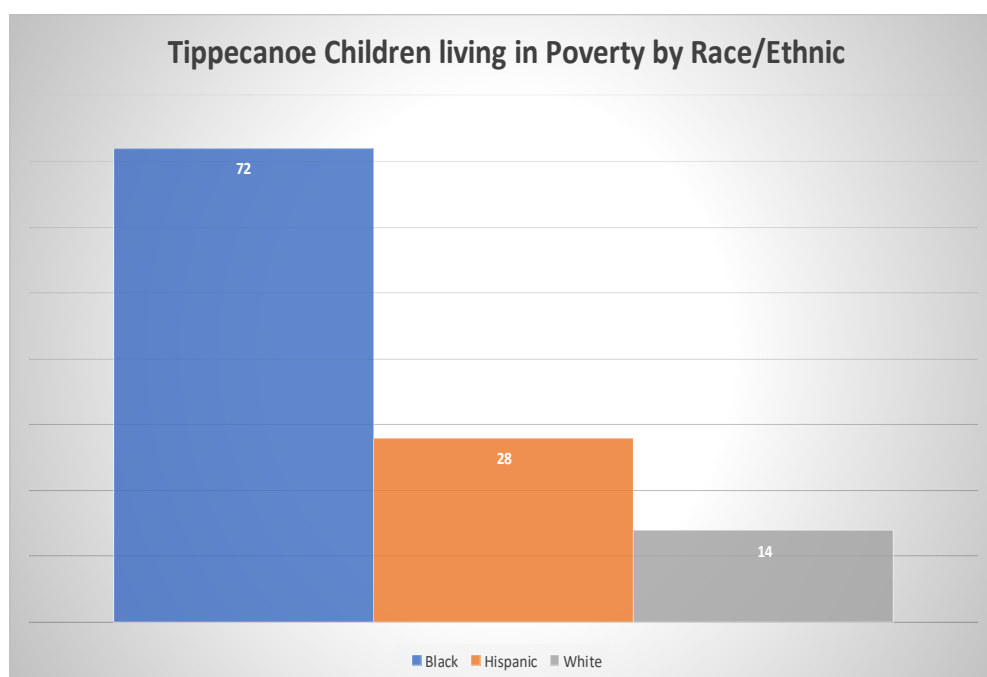
Tippecanoe county is estimated to have a poverty rate of at least 17%, which is high compared to Indiana and the nation. However once again this is influenced by the number of student households.

However 25% of households received some sort of public assistance, food stamps, free & reduced lunches, utility payments, subsidized housing and other safety net programs.



While the number of children living in poverty in Tippecanoe (16%) is less than Indiana (19%) and the nation (18%) it is focused on certain populations in our community. This is not unique to our county, but it shows us the disparity within the race/ethnic and how we maybe better able to direct our resources.

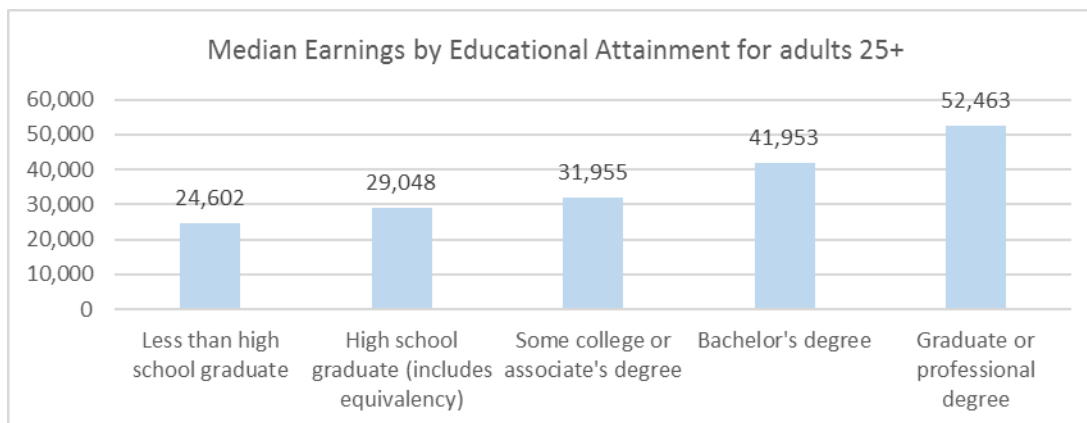
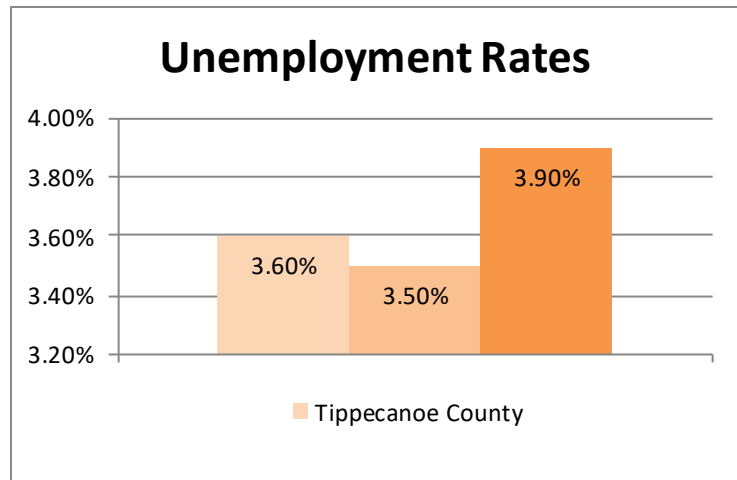
The graph above shows more than half of black children (72%) in our community live in poverty. And close to one in three (28%) of Hispanic children live in poverty.



DEFINING THE COMMUNITY

Employment

It is estimated that about 63% of Tippecanoe County can work or are in the labor force, however it is estimated that about [6.2%](#) of those who can work are unemployed (US Census Bureau).



Disabled Persons

Almost 10% of the residents in Tippecanoe County are identified as having a disability (US Census Data). Among the elderly, 65+ population close to one in three are disabled.

In our survey population among the 65+ population one in five were disabled.

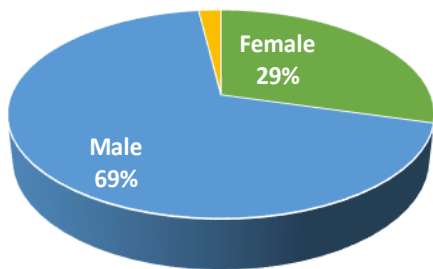
SURVEY DEMOGRAPHICS

The survey sample is different than the actual population. We oversample the high risk population because they have the greatest need for health and social services. This demographic is typically not represented in survey samples. The sample size was 796, with both online and paper. Surveys were translated to Spanish for the Spanish speaking population.

The sample had few young adults compared to the true population of young adults in the community. Older adults comprised 20% of the sample and in the true demographic they are approximately 10% of the residents.

The qualitative survey had 69 respondents with three open ended questions.

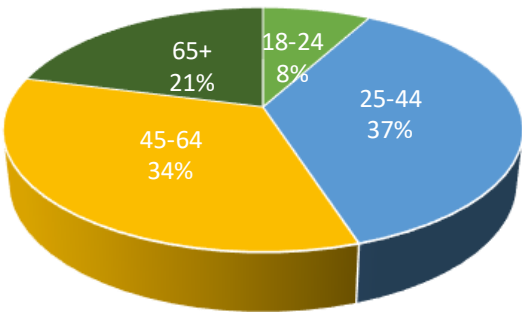
Gender of survey respondents



Race & Ethnic	Percent
White	80.0%
Black	13%
Hispanic	8.4%
Asian	3%
American Indian	1.6%
Other	.1%

Employment Status	Percent-age
Employed FT	32.8%
Employed PT	15.1%
Unemployed looking for work	8.9%
Unemployed not looking for work	1.8%
Unable to work due to disability	13.9%
Homemaker	4.8%
Retired	17.3%
Student	3.0%

Age of survey respondents



Income	Per-cent
Low Income (<\$25,000)	49.9%
Lower Middle Class (25,000- 49,999)	16.5%
Middle Class (50,000 -99,999)	16.2%
Upper Middle Class (100,000 +)	14.1%

Education	Percent
High School and Below	35.8%
Some college	26.4%
College educated	32.5%

HEALTH BEHAVIORS

Health behavior can have significant impact on an individual's quality of life. Survey respondents were asked about smoking, alcohol consumption, physical activity, diet and sleep habits.

County Health Rankings (2018) measure overall health in terms of premature death or years of potential life lost before age 75 per 100,000. For Tippecanoe county the number is 6500. This is much better than Indiana at 7800, but ranks us at 15 of 92 counties.

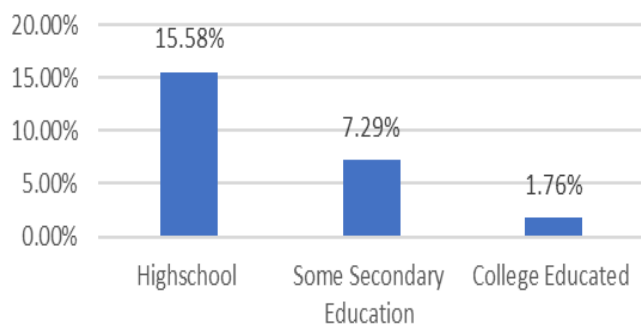
However Premature death by race shows, 10800 for the black population and 6700 for the white population in Tippecanoe.

HOW WOULD YOU RATE YOUR OVERALL HEALTH?



Smoking

Distribution of Smokers by Education



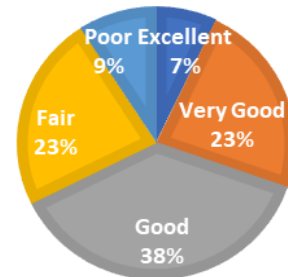
- Primary data from the survey showed more than one in four smoked more than three days/week. Approximately half of those indicate they have tried to quit in the last year. Smoking among those with less education and education is more prevalent.
- Secondary data show Tippecanoe has a smoking prevalence of 17% vs. 21% for the state.
- HealthierIndiana.org is an organization that advocates for policy change at the state level. Tobacco costs the Indiana economy \$5.4B annually in healthcare costs and lost productivity. Out of 50 states Indiana ranks 41st in the percentage of smokers. More than 10% of pregnant mothers smoke in Tippecanoe, 11.7%.

HEALTH BEHAVIORS

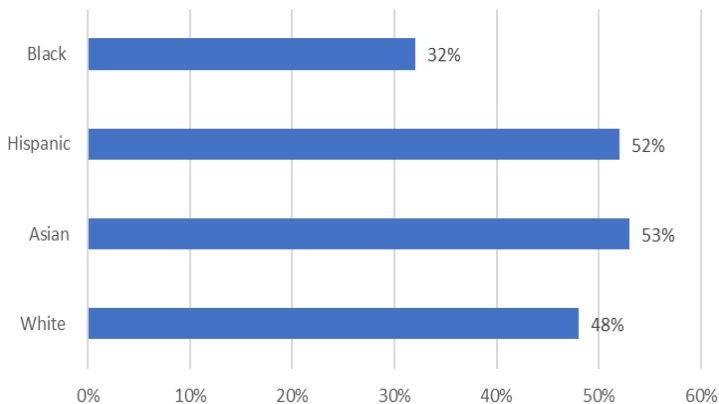
Physical Health

- Primary data from the survey indicate close to one in three (32%) consider their physical health to be fair or poor.
- County Health Rankings show Tippecanoe residents report 3.9 days of poor physical health, the same as the state.

HOW WOULD YOU RATE PHYSICAL HEALTH?



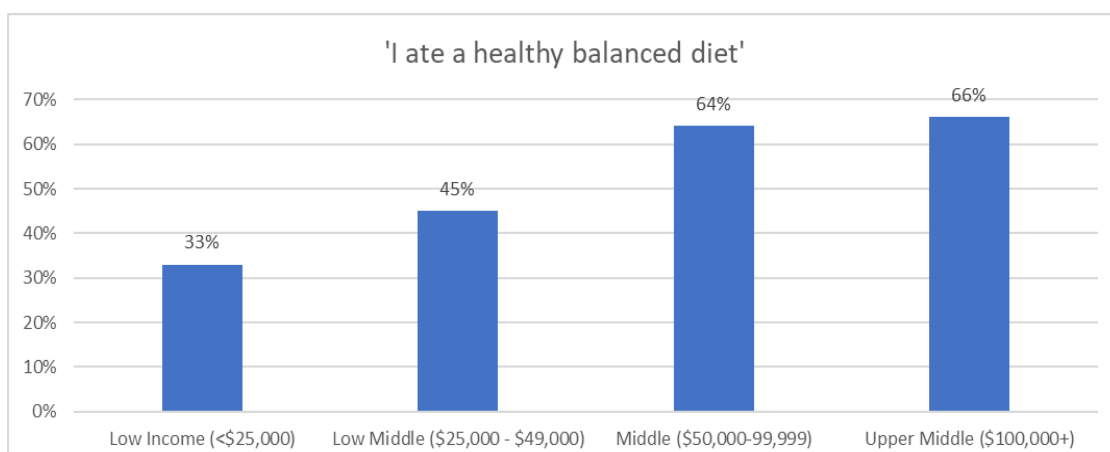
Physically Active Residents



- Our sample indicated over half (54%) of respondents were not following the CDC guidelines of 150 minutes of physical activity/week. Some of this is because of access to exercise opportunities, more than one in five (22%) do not have access. (County Health rankings).
- Exercise is tied to education and race/ethnicity.

- Physical activity and healthy eating are the two most important factors in obesity.
- Obesity in Tippecanoe County is 29% vs. Indiana at 32%. Indiana is the 40th worst in the nation in obesity.
- Residents ranked obesity as their 4th highest health concern.
- Less than half of the respondents, 45% indicated they ate a healthy diet over the past month.

'I ate a healthy balanced diet'



HEALTH BEHAVIORS

Excessive Drinking

The primary data showed an excessive amount of drinking by age group, but not by income or education. This is because of a higher percentage of young adults in our community related to the university. County Health rankings (2018) show Tippecanoe is close to the state in terms of excessive drinking 18% vs. 19%.

Sexually Transmitted Disease (STD)

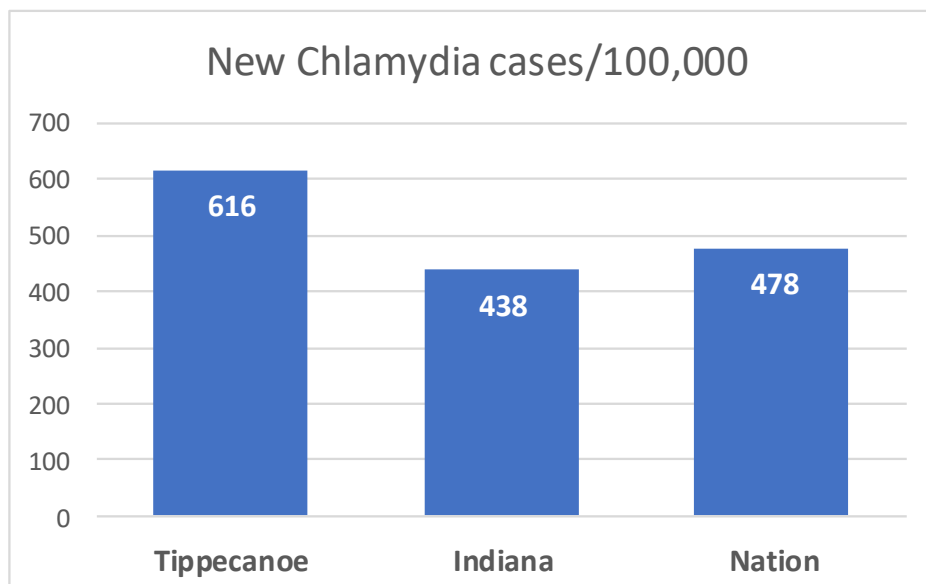
Data from the County Health Rankings over the last three years have shown STDs are a concern for nation and even more so for Tippecanoe County. The county rate is above both the state and nation. STD are at an all time high. The United States has the highest rate of STDs of any industrialized nation in the world.

In Indiana:

- Chlamydia increased 11%
- Gonorrhea increased 67%
- Syphilis increased 76%

STDs have increased over the last four years.

Young adults are most susceptible and our county has a larger percentage of them.



HEALTH BEHAVIORS

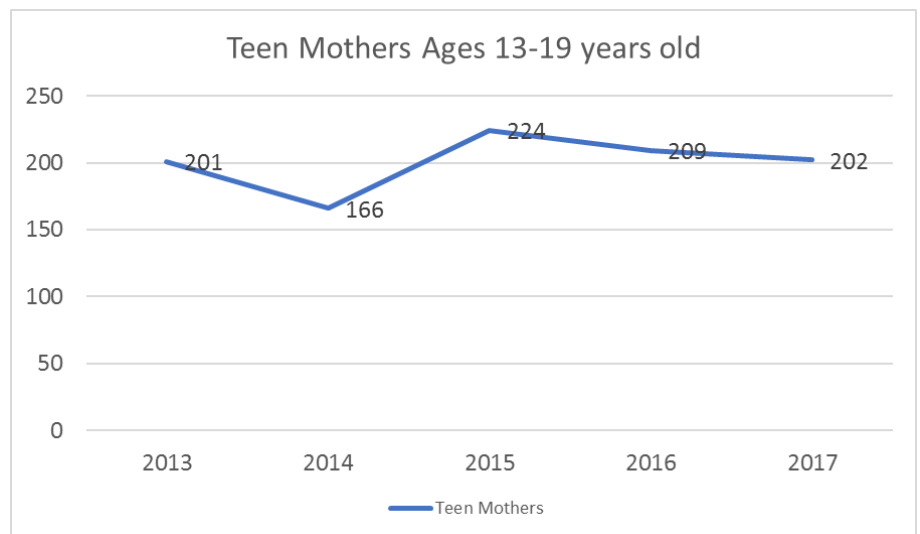
Teen Births

According to the county health rankings Tippecanoe county rate of teen births is 24 per 1,000 female population ages, 15-19. This is significantly lower than the state, which is 51 births per 1,000. However Indiana ranks badly because the US average is 27 births per 1,000. Tippecanoe is close to the national birth rate.

Teen pregnancy is costly to Indiana taxpayers, recent estimates are \$7.7 million Medicaid dollars covered mothers 13-19. Each child is >\$10,000 in maternity and infant care.

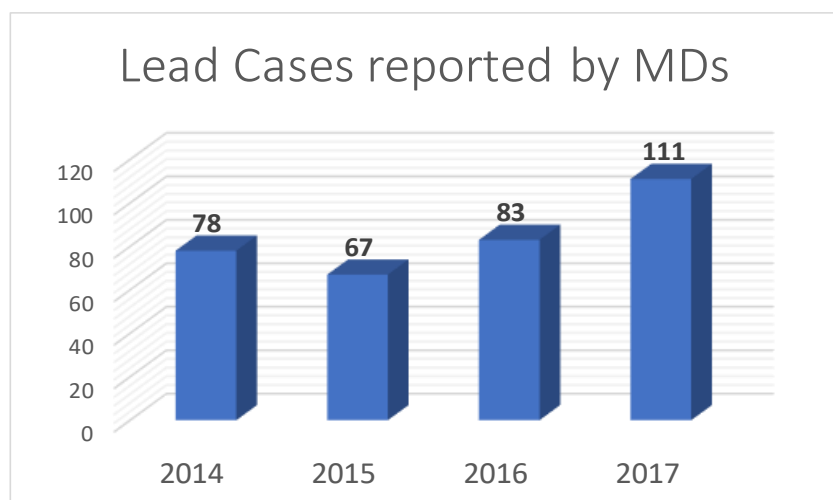
This graph is expanded to include teen mothers 13-19, even younger than the national benchmark of ages 5-19.

Approximately 200 babies are born every year in Tippecanoe to teenage mothers. These children are more likely to suffer poor health, underachieve in school, live in poverty, be incarcerated, placed in foster care and a host of other bad outcomes.



Lead

New guidelines for blood testing for children has resulted in an increase of cases reported. The total number of tests the Health dept performed was 94 in 2016 and 51 in 2017.



HEALTH BEHAVIORS

Maternal and Child Health

In Tippecanoe there is an average of 3600 births per year over the past three years. The health outcomes of these young children is influenced by social determinants such access to health care, education of the mother, economic stability, social support and much more.




- 72% of mothers who gave birth received prenatal care during their first trimester
- 43% of the mothers were unmarried at time of delivery
- 38% were on Medicaid at time of delivery
- 83% of mothers were breast feeding at discharge
- Half of all births in Indiana are covered by Medicaid (Kasier Family Foundation 2016)

There are a growing number of children in the community born into less than ideal healthy environments and utilizing government subsidy programs. In Tippecanoe every year over 1300 children are born to single mothers and or on Medicaid. This is more than one in three children. Among poor and low income women the pregnancy rate continues to rise and is much higher than educated woman.

The Women, Infants, children (WIC) federal program strives to enroll all those that qualify. This program provides supplemental nutrition and education to mothers and children. Annually they provide services for ~4350 recipients, half of them children, 25% mothers, and 25% infants. Almost all hospital deliveries that qualify are visited by staff.

Medicaid for parents and children are essential in providing health care, just as free vaccinations from the federal program provided by the health department ensure disease free childhoods.

<div> <div>CHIRP</div> <div>Children and Hoosier Immunization Registry Program</div>  </div>	
Immunization Rates for Tippecanoe County	
Population Estimate for children 19-35 months in 2017	3,428
Number of children 19-35 months assessed	3,291
Percentage of 19-35-month population represented in data	96%
Completion Rate for 4:3:1:3:3:1:4 Vaccination Series	73%
Number of VFC Providers enrolled in program	16

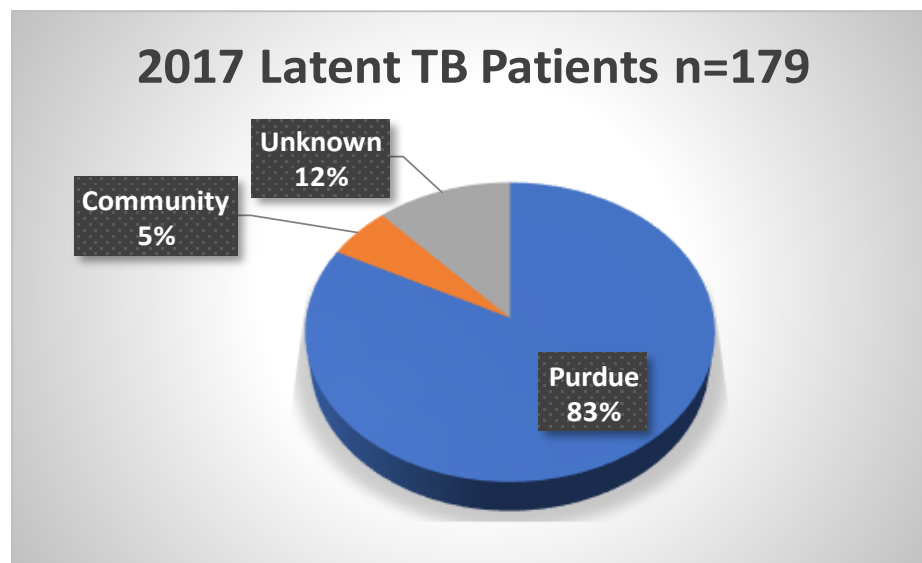
HEALTH BEHAVIORS

Tuberculosis (TB)

The Health Dept deals with both types of TB, latent and active. Preventing TB is accomplished by treating active cases that are reported and contagious as well as latent TB cases who are not contagious, but may develop TB later if left untreated. In 2015, Tuberculosis (TB) became a reportable disease for the state.

In 2017 there were 2 active cases of TB infections identified in the county, with 7 suspect cases. In 2016, there were 3 active cases and 8 suspect cases, in 2015 there were 5 suspect cases and 4 active cases. cases.

Treatment for TB is labor intensive for the Health Dept because they are visiting patients individually to make sure they are taking their medications. While active patients require a visit 5x/week for 6 months, latent patients require a meeting in person for 6-9 months. The sheer number of latent patients in follow-up is a huge time investment.



A unique characteristic of the Health Department in a county with 190,000 residents of which 40,000+ are students is TB screening and dealing with active and latent TB. The graph above shows the burden of TB patients for the Health Dept in 2017. Past years show a similar trend with Purdue, in 2016 71% of the source of latent TB patients were from the University. In 2015, it was 90%. Purdue is ranked as having one of the largest international student populations at a research 1 institution.

Not all international students follow the federal guideline of getting tested for TB.

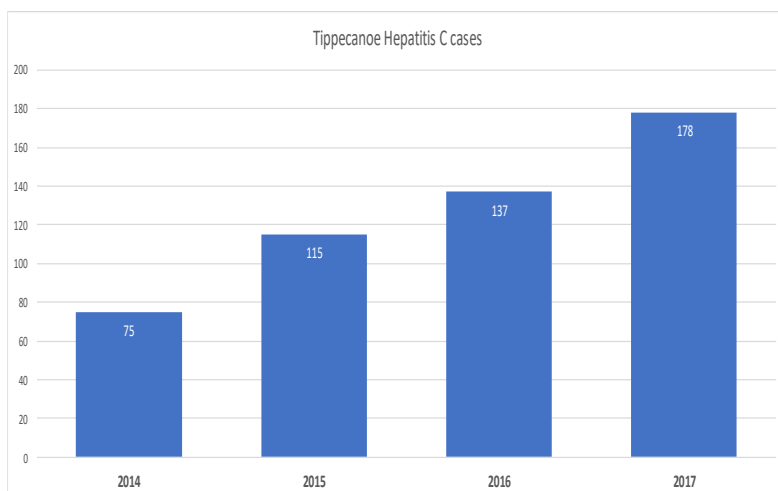
HEALTH BEHAVIORS

Communicable Diseases

	2017 Total <u>Confirmed and Probable</u>	2017 Total <u>Investigated</u>	2016 Total <u>Confirmed & Probable</u>	2016 Total <u>Investigated</u>
Animal Bites	148	148	197	197
Campylobacter	4	10	15	15
Hepatitis B	13	25	5	10
Hepatitis C	167	227	119	138
Histoplasmosis	8	16	5	5
Influenza Death	4	4	-	-
Lyme Disease	3	19	5	13
Rocky Mountain Spotted Fever	2	5	-	-
Shigellosis	6	6	12	12
Strep Group A	9	10	4	6
Strep Pneumoniae	5	5	11	14
Strep Pneumoniae, Drug Resistant	4	4	5	5
Total				
	384	493	378	415

The Health Department conducts surveillance, investigation and follow-up on all reportable communicable diseases and outbreaks. The table above shows the last two years.

Hepatitis C



Hepatitis C is a chronic liver disease that is fatal.

Increase in Hepatitis C is related to needle sharing among drug users.

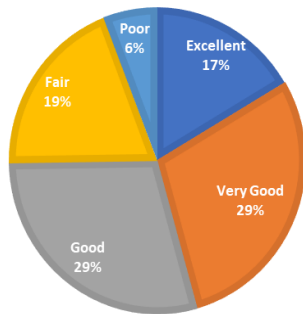
The increase in Hep C has followed the increase in the Opioid epidemic.

For every \$1 spent in treatment, Syringe Exchange Program, \$3 is saved in treatment.

HEALTH BEHAVIORS

Mental Health and Substance Abuse

HOW WOULD YOU RATE YOUR MENTAL HEALTH?



Mental Health America states that 1 in 5 people have a mental health condition.

Indiana ranks as one of the worst states regarding mental healthcare access

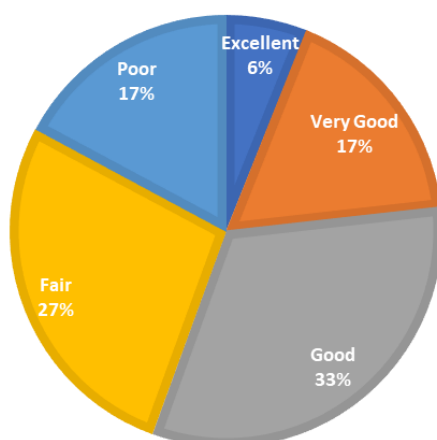
Tippecanoe County faces a 'critical shortage' of mental health therapists and addiction recovery professionals.

Mental health issues are often intertwined with substance abuse and addiction. Access to treatment is a barrier, especially for the low socio economic population, but to all economic levels because of the shortage of treatment centers. Self medication for mental health issues using alcohol, prescription drugs and recreational drugs has led to an national public health issue of substance abuse.

The increasing number of overdose 911 calls and overdose deaths are one example of how serious the problem is our community.

- 15% of respondents indicated that they had received treatment for a mental health diagnosis at some point within the past 12 months
- 22% of respondents indicated that they currently take a medication for anxiety, depression, or any other mental health challenges.
- Substance Abuse was ranked as the #1 health concern among all survey respondents.

SOCIAL WELLBEING



Significant numbers of respondents, 44% indicated their social well being was 'poor or fair'

On a scale of 1-10 for stress, over half, 58% of respondents selected 6 or above.

A third, 33% of respondents had taken steps to reduce their stress.

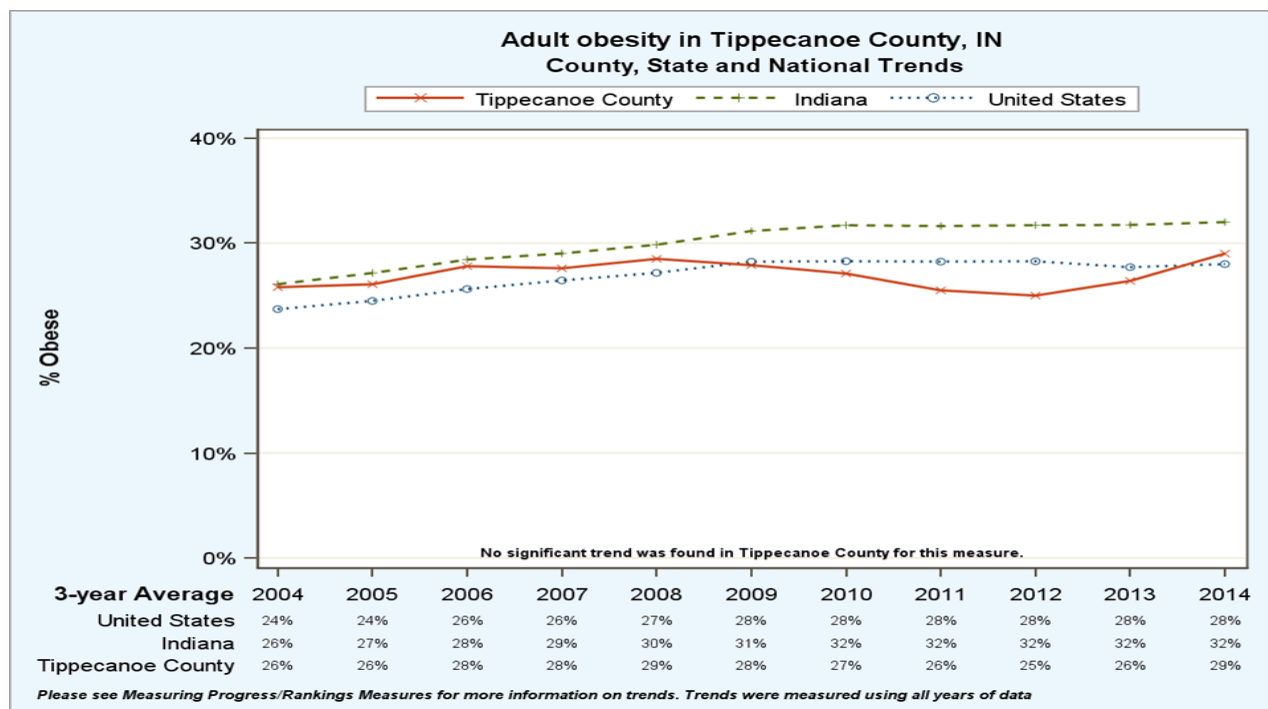
HEALTH BEHAVIORS

Chronic Disease Indicators

The survey for the CHNA did not ask questions for chronic disease indicators. Therefore the following information is from secondary sources for our local population. Chronic diseases are health conditions that have a prolonged impact on a person's health. The top four chronic diseases that affect people in Tippecanoe County include:

- Obesity
- Diabetes
- High Blood Pressure
- High Cholesterol

Obesity affects low-income and rural communities, as well as the African American population. Obesity rates have increased from 13.0% of adult Hoosiers in 1990 to nearly a third (33.6%) in 2017. Secondary data from County Health Ranking cited Diabetes (7% prevalence) and Adult obesity (29% prevalence) as the number one chronic health indicator for Hoosiers. Direct medical costs attributed to obesity among Indiana adults are estimated at \$3.9 billion, with 36.9% of these expenditures financed by Medicare and Medicaid. On average, healthcare cost for obese individuals are approximately \$1,400 higher than for healthy weight individuals. On average, an obese child on Medicaid costs \$6,730, compared to \$2,446 for a healthy weight child per year.



HEALTH BEHAVIORS

Diabetes

Diabetes is a common condition that affect people in the community. The Centers for Disease Control and National Statistics on Prevention report estimates that 30.3 million people in the United States have diabetes and one out of ten people don't know they have diabetes.

Common risk factors associated with diabetes:

- Aged 45 years or older
- Lack of exercise
- Overweight
- Unhealthy diet
- Family history
- High risk race/ethnicity (Latino, African American, Asian, American Indian, pacific Islander)

Indiana Diabetes epidemic:

- Diabetes is the 7th leading cause of death for Indiana residents.
- 4th leading cause of death for black women.
- 5th leading cause of death for black men, Hispanic women, Hispanic men

Chronic Disease	Tippecanoe	Indiana	U.S.A
Diabetes	9.4%	9.5%	9.1%
High blood pressure	19.6%	25.1%	26.5%
Obesity	28.1%	31.0%	30.3%

Sourced from the CDC: National Diabetes Surveillance System (obesity and diabetes),
Community Health Status Indicators Report (high blood pressure).

HEALTH BEHAVIORS



High Blood Pressure & High Cholesterol

High blood pressure and high cholesterol are two of the most common chronic health indicators.

Risk factors associated with high blood pressure and high cholesterol include:

- Being obese
- Consumption of foods high in sodium and low in potassium
- Drinking too much alcohol
- Family history and genes inherited
- Lack of physical activity
- Smoking or exposure to tobacco

Geo-stats cited 19.6% of adults over 20 years of age in Tippecanoe County are diagnosed with high blood pressure and 9.4 % are medically diagnosed with Diabetes. Indiana State Department of Health cited in 2017, 35.2% of Hoosiers were told they have high blood pressure and 32.8% had high cholesterol.

Seniors

Seniors, residents who are 65 and older, represent 11.3% of the county. Although 20.73% of survey respondents were seniors, this population is more likely to utilize healthcare services.

When respondents were asked about what health services they have received in the previous 12 months,

- 20% received acute care
- 22% received chronic care
- 20% visited the Emergency Room
- 12.7% received inpatient care at the hospital

Respondents were also asked if there was any time in the past 12 months where services were not accessed because they needed to use the money for something else:

- 10% of seniors indicated that they did not see a medical provider due to cost
- 6% of seniors indicated that they did not attend their medical appointment due to transportation

HEALTH BEHAVIORS

Access to Resources & Community Capacity

Access to food was the fifth most need cited in our survey. Food Finders, the local food bank is located in a food desert and serves many food insecure households. There are numerous food pantries that are open at different times during the week. However transportation can still be an issue for residents that are not mobile.

Access to fresh fruit and vegetables in season is also a concern, but there are more and more gardens located in specific neighborhoods to help with the need. Grow Local and Veggie Drop are two grass roots efforts that target specific populations in need.

Among children, close to 46% of children in the county qualify for Free and Reduced Lunch. However only three sites provide summer feeding.

The greatest barrier experienced by survey respondents and the working poor in our community is the cost of healthcare. While there maybe more services available for mental health and substance abuse providers do not always accept Medicaid, underinsured or no insurance. Finding the financial resources to access health care is a major barrier for this population.



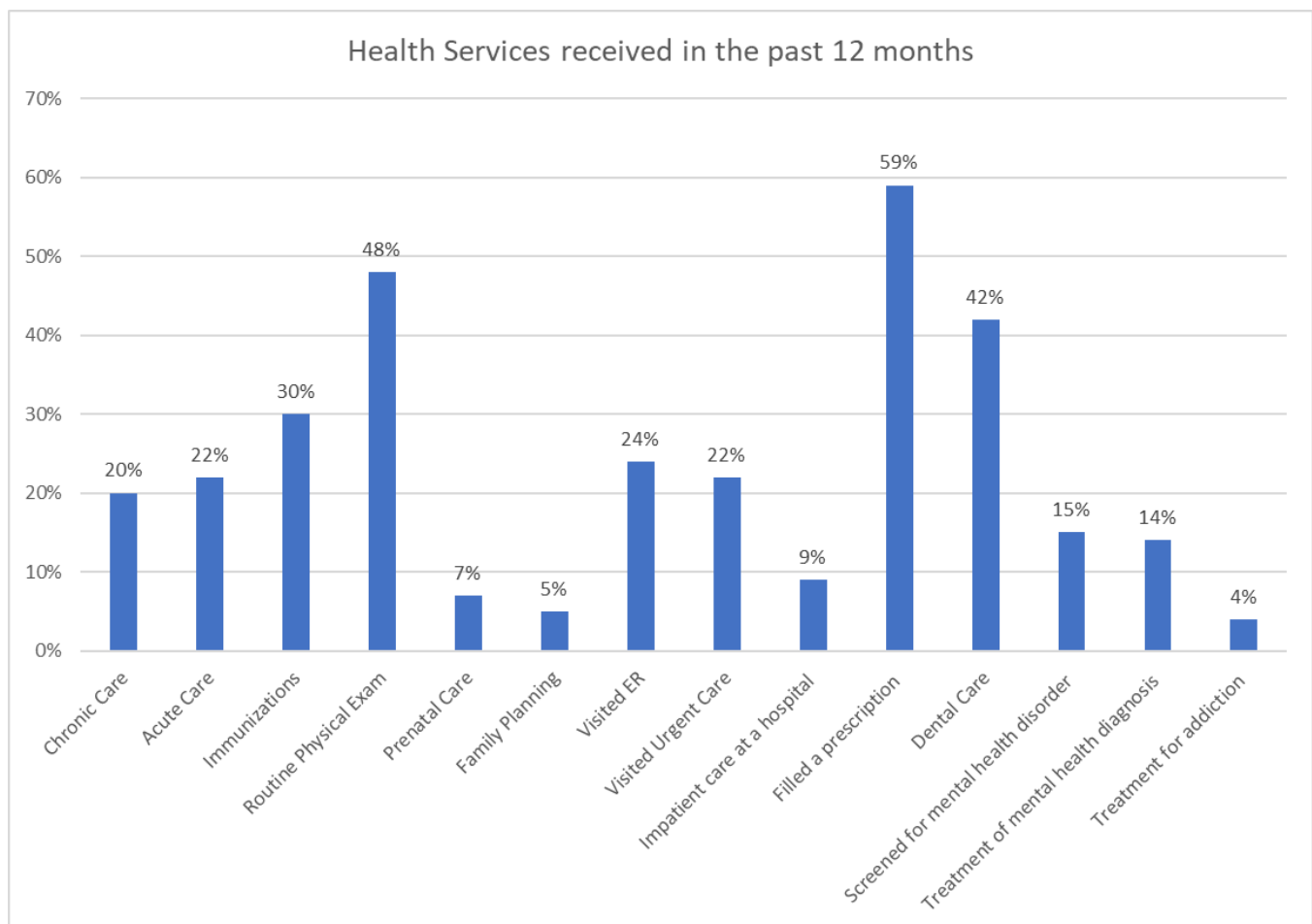
HEALTH BEHAVIORS

Access to Primary Health Services

According to County Health Rankings, 16% of the adult population and 8% of children in Tippecanoe County are uninsured. One in six survey respondents indicated they do not have health insurance or coverage. Close to three of four (72%) respondents indicated they do not have a personal primary physician. Blacks and Hispanics were less likely to have someone that they think of as their personal doctor or healthcare provider as well as possess health insurance.

Respondents were asked to indicate which of the following health services they had received in the past 12 months. Again, Blacks and Hispanics were less likely to receive health services in the past 12 months compared to Whites.

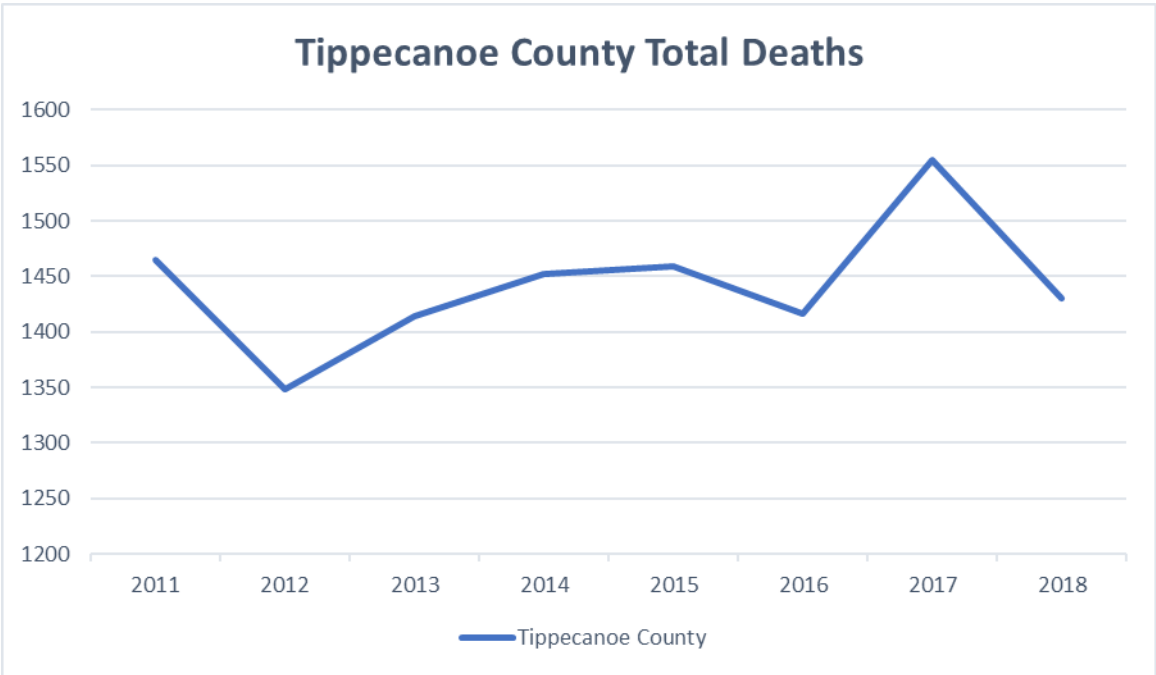
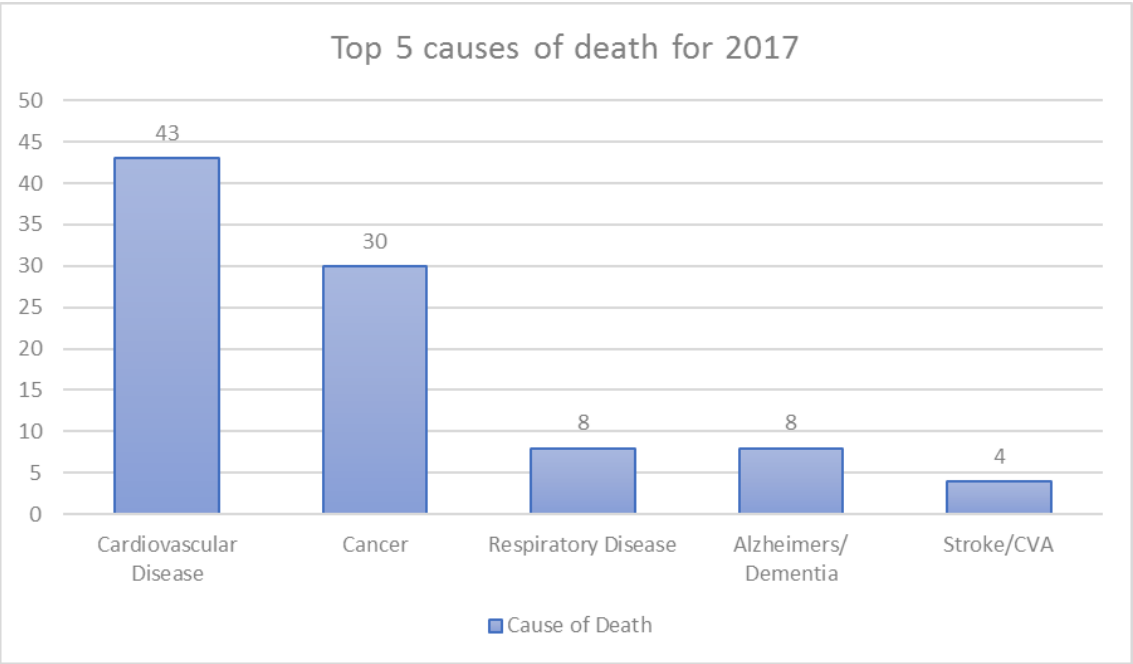
Visiting the emergency room (ER), receiving chronic care and acute care were disproportionately accessed by the low income population. Almost one in four of the respondents indicated they had visited the ER within the past year, often this is not for a “true emergency”. Without having a primary physician this population utilizes the ER for these services. This has overwhelmed our local ERs.



VITAL STATISTICS

Natural Deaths

Cardiovascular Disease is the leading cause of death in Tippecanoe County at 447 deaths in 2017 which mirrors the leading causes for the nation. Cancer was the second leading cause of death accounting for a third of all deaths in the last 5 years. Smoking has been linked to cancer deaths and is the most common type of cancer related death.



VITAL STATISTICS

Unintentional Injury Deaths

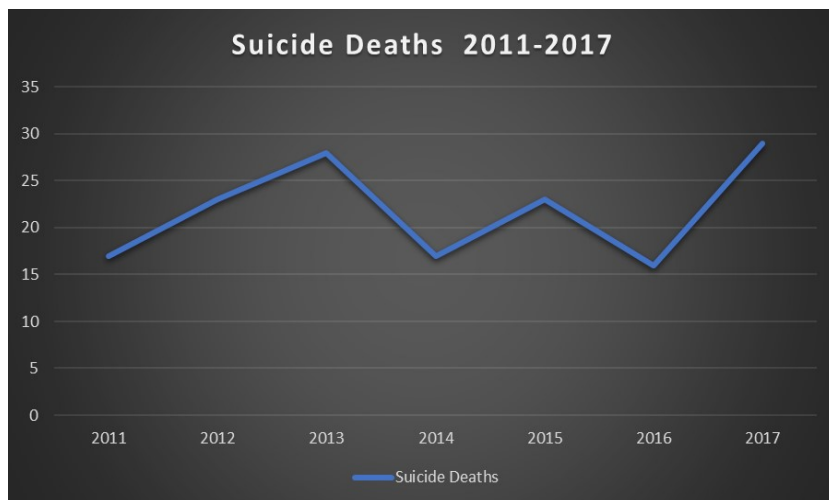
The State of Indiana classifies falls, motor vehicle accidents are classified into a different category than overdoses and suicide deaths.

In Indiana, the leading cause of death for ages 1-44 is Motor Vehicle Accidents. However, a third of all traffic injuries that resulted in death, alcohol was involved. In 2017, Tippecanoe County had 12 deaths from a Motor Vehicle Accident.

Suicides

Since 2011 there have been 153 suicide deaths in Tippecanoe County. These deaths are Investigated by the County Coroner.

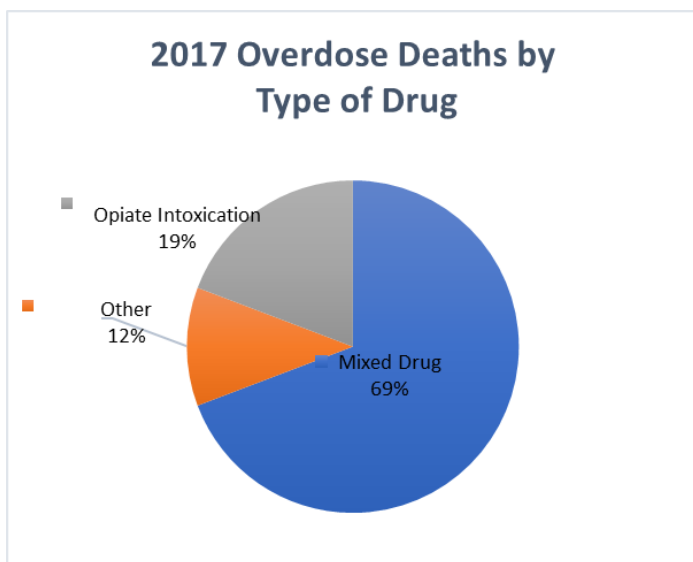
Suicide is a preventable public health issue that could benefit from awareness, education and available resources in our community.



Overdoses

Our death certificates and Hospital Essence based data suggest drug overdoses and suicide deaths have increased across the State of Indiana. Of all the drug overdoses deaths 85.1% were unintentional, 6.9% were suicide and 7.8% were undetermined intent. In 2017, there were 26 overdose deaths in Tippecanoe County. 7 of the deaths were caused by a drug classified as a narcotic and the remaining 19 were due to an unspecified drug. 23 of the 26 overdoses were Tippecanoe County Residents.

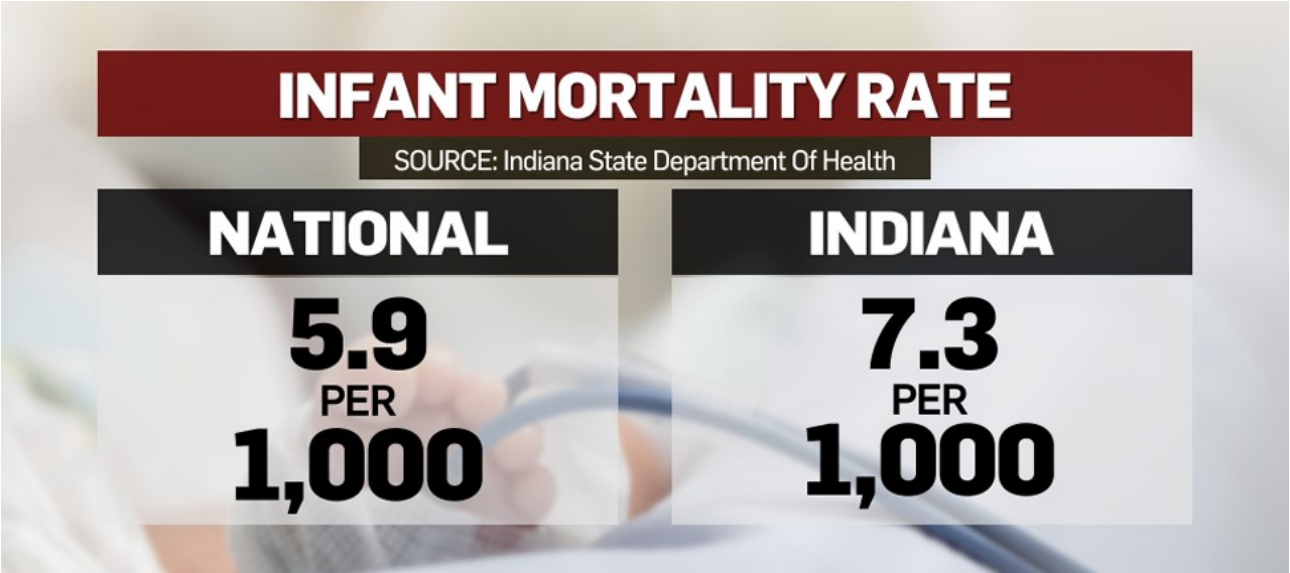
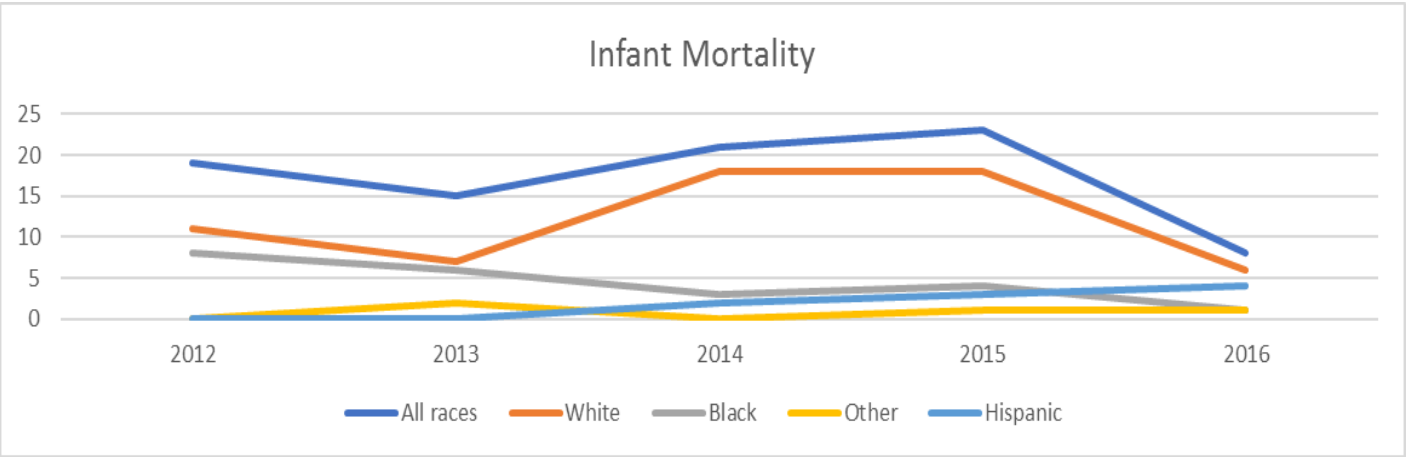
Opioids were the most common drug found in the toxicology reports and 25-49 years olds were the most common age group. 62% of death were male and 38% female. The chart to the left details the type of overdose deaths by drug. Mixed Drug Overdoses can include opiates as multiple drugs mixed together can cause an overdose.



VITAL STATISTICS

Infant Mortality

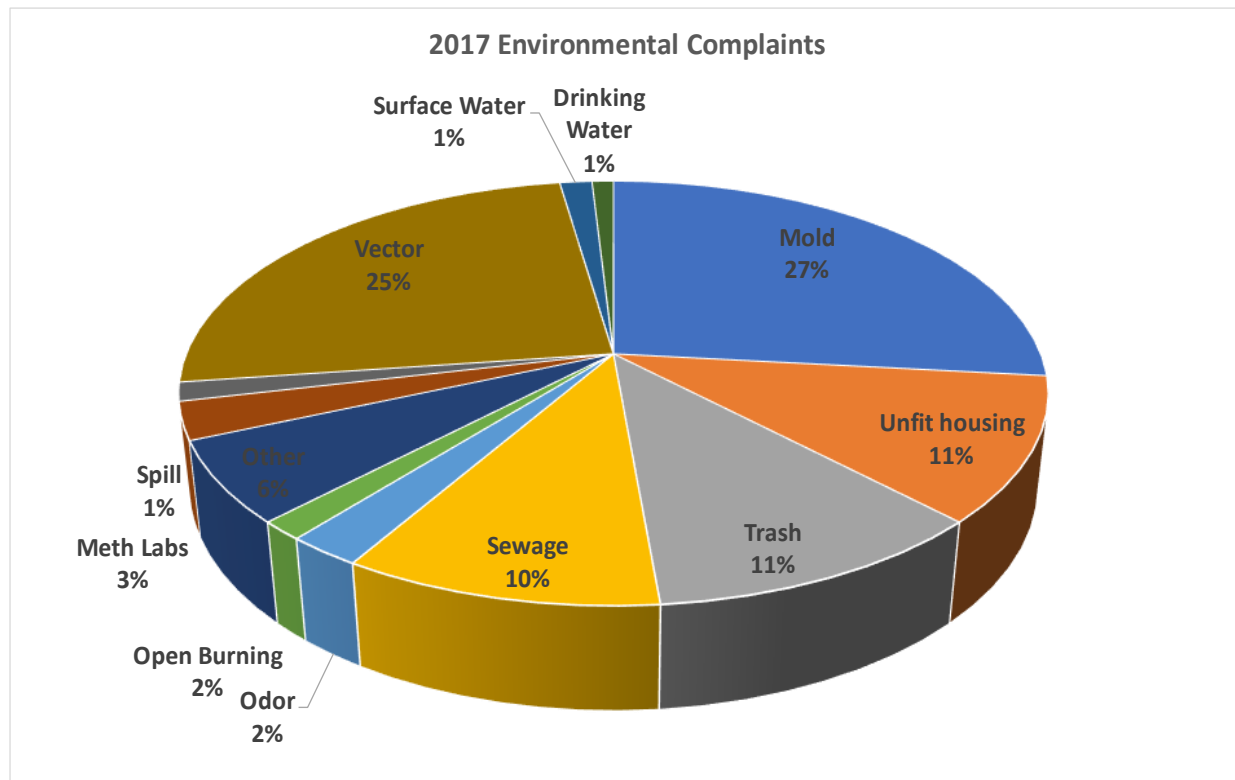
In the State of Indiana, Infant Mortality has increased over the last 5 years. As for Tippecanoe County Infant Mortality has been a consistent significant statistic for several years. Infant Mortality can be classified several different ways depending on the weeks of gestation and the vital signs presented at birth. As stated above maternal health behavior can influence the outcome of each pregnancy.



PHYSICAL ENVIRONMENT

The chart below shows the environmental complaints the Health Dept receives. The County Health Rankings for physical environment in Tippecanoe is usually in the bottom half of the state ranking. There are several factor that affect this, water violations and lack of housing are major.

Due to the rural nature of the county there are difficulties with sewage and drinking water on private systems. An increase in population has required more rural areas to convert to a municipal system at a costly fee.



The demand for housing far outweighs the capacity. This is a unique situation of a college town. Over half of Tippecanoe residents are spending more than 30% of their income on rent. More than one in 5 (20%) have at least one major housing violation, overcrowding, high housing costs, lack of kitchen or plumbing. Tippecanoe ranks as #1 or #2 in number of housing violations in the state.

There are seven government subsidized housing complexes and four for the elderly. With 20% of Tippecanoe County living at or below the poverty line many families are at risk for losing their homes. This is reflected in the primary data of the survey, where Homelessness was the 5th highest concern.

While the homeless number has decreased in the last few years (National Point in Time count), there is a significant number of **chronically** homeless in the community that require social services and health care regularly.

SURVEY RESULTS

The survey asked what are the greatest health concerns for our community and how important the services and programs are for these health concerns. The top three greatest needs are also the most important.

Substance Abuse, Mental Health Needs and Food Insecurity are the three areas people chose.

Over half of respondents believe Substance Abuse is the most important. Resources for mental health counseling was not far behind. Substance abuse and mental health are often intertwined. Food insecurity, pantries and affordability is the third issue by more than one in three respondents. Local Food Bank (Food Finders reports one in nine children in the county go to bed hungry.)

Chronic Disease which includes obesity, diabetes, cardio vascular disease and COPD

27% believe greatest concern for community

5th greatest health concern

34% believe obesity greatest health concern

Access to Resources

15% of respondents don't have insurance

Food access, affordability, and safety rated 3rd highest community concern

34% of respondents felt homelessness is a concern

Access to housing and homelessness 4th highest concern

21% of respondents felt that aging and older adult needs were a concern

Community Programs: how important they felt services & programs are in Tippecanoe

Substance abuse programs or services most necessary

Mental health counseling services identified as 2nd most important program necessary for health of the community

More than half of respondents feel it is very important to have a program for health insurance enrollment

65% of respondents felt that food pantries are very important in our community

55% of respondents felt that SNAP or food stamps are very important in our community

50% of respondents felt that housing assistance is very important in our community

Aging and older adult's services ranked 5th highest necessary program

Free and emergency childcare ranked 4th highest necessary program needed in our community

SURVEY RESULTS

Qualitative Survey Findings

The qualitative data (n=69) collected primarily mirrored the findings of the larger survey assessment (n=796). There were three questions that were open ended allowing respondents to name what they believed were the most pressing problems in the community. The first question asked what was the most pressing health problem in the community.

- **Substance Abuse**
- **Mental Health**
- **Obesity and health care topics related to chronic diseases**

Over half of the respondents, 64% mentioned substance abuse, drug addiction, opioids, opioid addiction.

Over a third, 35% mentioned Mental Health and the lack of local providers and service.

More than one in four, 22% mentioned obesity, child and adult, diabetes and weight related health issues.

The second question asked what is the most needed medical service in the community.

- **Over half of the respondents mentioned services related to mental health or addiction services.**

Mental health issues and addiction issues are intertwined and the public needs more education on where and what types of services would serve them best. More importantly there is a serious lack of resources that accept Medicaid, no insurance or under insured patients.

The third qualitative question asked what sort of health education services would be beneficial?

- All respondents mentioned addiction treatment and mental health providers
- Drug education at an earlier age leading to prevention
- Smoking cessation resources
- Nutrition and physical activity education related to healthy lifestyle choices

County Health Rankings 2018

2018 County Health Rankings for Indiana: Measures and National/State/Local Results

Measure	Description	Tippecanoe	Indiana	US
HEALTH OUTCOMES				
Premature death	Years of Potential life lost before age 75 per 100,000 population	6,500	7,800	6,700
Poor or fair health	% of adults reporting fair or poor health	17%	18%	16%
Poor physical health days	Average # of physically unhealthy days reported in the past 30 days	3.9	3.9	3.7
Poor mental health days	Average # of mentally unhealthy days reported in the past 30 days	4.1	4.3	3.8
Low birthweight	% of live birth with low birthweight (<2500 grams)	7%	8%	8%
HEALTH FACTORS				
HEALTH BEHAVIORS				
Adult smoking	% of adults who are current smokers	17%	21%	17%
Adult obesity	% of adults that reports a BMI >= 30	29%	32%	28%
Food environment index	Index factors that contribute to health food environment, (0-10)	7.2	7	7.7
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	24%	27%	23%
Access to exercise opportunities	% of population with adequate access to location for physical activity	78%	77%	83%
Excessive drinking	% of adults reporting binge or heavy drinking	18%	19%	18%
Alcohol-impaired driving deaths	% of driving death with alcohol involvement	24%	22%	29%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	616.1	437.9	478.8
Teen births	# of birth per 1,000 female population ages 15-19	20	30	27
CLINICAL CARE				
Uninsured	% of population under age 65 without health insurance	13%	11%	11%
Primary care physicians	Ratio of population to primary care physicians	1,410:1	1,500:1	1,500:1
Dentists	Ratio of population to dentists	2,160:1	1,850:1	1,480:1
Mental health providers	Ratio of population to mental health providers	790 to 1	700 to 1	470 to 1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	44	57	49
Diabetes monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	87%	85%	85%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	67%	62%	63%
SOCIAL AND ECONOMIC FACTORS				
High school graduation	% of ninth grade cohort that graduates in four years	85%	87%	83%
Some college	% of adults ages 24-44 with some post-secondary education	71%	62%	65%
Unemployment	% of population aged 16 and older unemployed but seeking work	4.00%	4.40%	4.90%
Children in poverty	% of children under age 18 in poverty	16%	19%	20%
Income inequality	Ratio of household income at the 80th percentile to income at 20th percentile	5.1	4.4	5
Children in single-parent households	% of children that live in a household headed by a single parent	31%	34%	34%
Social associations	# of membership associations per 10,000 population	10.1	12.3	9.3
Violent crime	# of reported violent crime offenses per 100,000 population	268	356	380
Injury deaths	# of deaths due to injury per 100,000 population	50	70	65
PHYSICAL ENVIRONMENT				
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11	11.1	8.7
Drinking water violations	Indicator of the presence of health-related drinking water violations Yes- indicates the presence of a violation, No-indicates no violation	No	NA	NA
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	19%	14%	19%
Driving alone to work	% of workforce that drives alone to work	74%	83%	76%
Long commute - driving alone	Among workers who commute in their care alone, % commuting > 30 minutes	14%	31%	35%

TIPPECANOE COUNTY

COMMUNITY

HEALTH

IMPROVEMENT

PLAN

PRIORITIES & ALIGNMENT

Priorities

TCHD has chosen the following 5 health priorities to focus on from 2019-2021:

Substance Abuse

Chronic Disease

Mental Health

Public Health Education and Outreach

Access to Resources

Plan

Our Community Health Improvement Plan includes our method of how the TCHD will address each of the above priority areas through goals and objectives that we will track over the next three years. We aim to align our goals and priorities, within our capacity, to the Indiana State Health Department (ISDH) and our two local hospitals; Indiana University (IU) Health and St. Franciscan Health.

Hospital, State and Healthy People Priorities

ISDH

- Assure Food Safety
- Reduce Healthcare Associated Infections
- Reduce the burden of HIV, Hep C and other STD
- Reduce Infant Mortality

Franciscan Health

- Food Poverty
- Adult and Youth Mental Health
- Substance Abuse
- Food Insecurity

IU Health

- Access to Healthcare
- Behavioral Health & Substance Abuse
- Healthy Weight & Nutrition

Public Health 3.0

- Chief Health Strategist for Communities
- Engage with Community Stakeholders
- Enhanced Accreditation
- Actionable Data to the Community
- Funding for Public Health

Background

Priorities

-

The Community Health Improvement Plan Committee is a newly formed committee comprised of local hospitals, social services and other health agencies. Its primary role will be to develop, coordinate and implement an integrated approach to local and community improvement strategies related to our five priority areas.

Objectives of Committee

- 41

GOAL TRACKER

CHIP Tracker

Our Community Health Improvement Plan includes 5 goals:

1. Participate in community efforts to improve mental health in our community.
2. Decrease the spread of disease from substance abuse, promote addiction services, and education residents on Narcan use/administration.
3. Promote physical activity, access to exercise opportunities, healthy eating and to decrease the number of resident who use tobacco.
4. Increase Public Health Outreach and awareness of programs to community residents
5. TCHD will collaborate with residents as a resource to guide and navigate them to needed services.

To track the progress of each goal TCHD has created a CHIP Tracker. This tracker identifies each goal, strategy, action items, responsible party and measurable outcomes. The tracker was a collaboration effort of TCHD and the CHIP Committee. The Tracker will be updated bi-annually with each CHIP Committee Meeting. The tracker can be found on pages 43-47.



OBJECTIVE: SUBSTANCE ABUSE

Goal 1: Decrease the spread of disease from substance abuse and promote recovery.						
Strategy	Action Items	Measurement	Responsible Party	Date	Outcomes	
To lead efforts in decreasing the number of overdoses deaths	Host Monthly Narcan Training Initiation of QRT Team	# of trainings hosted # of QRT Cases	Gateway to Hope Outreach	December 2019		
To decrease the spread of Hepatitis C	Gateway to Hope	# of participants	Gateway to Hope	December 2019		
Increase knowledge and awareness for harm reduction procedures	Gateway to Hope Program Participate in Opioid Taskforce	# of participants # of Meetings	Nursing and Gateway to Hope	December 2019		
Gateway to Hope Goals	Secure funding Increase hours, locations & volunteers Build better relationship with law enforcement	# of grants applied # of secured grants # locations added # of volunteers	Grant Supervisor Gateway to Hope	December 2020		

OBJECTIVE: MENTAL HEALTH

Goal 2: Improve Mental Health in our Community						
Strategy	Action Items	Measurement	Responsible Party	Date	Outcomes	
Increase the number of mental health providers	Create Brochure of Mental Health Providers	# of brochures given out	Outreach	June 2019		
Connect people with mental health providers	Work on 211 in our community being a resource with United Way	# of HAT Meeting about 2-1-1	United Way & Outreach	December 2019		
Educate at risk populations of mental health providers	Secure more Recovery Coaches	# of coaches	Gateway to Hope & QRT	June 2019		
Partner with existing and ongoing organizations to address the problem	Opioid Taskforce Drug Free Coalition	# of meetings	Outreach/ Nursing	December 2019		

OBJECTIVE: CHRONIC DISEASE

Goal 3: Promote physical activity, access to exercise, healthy foods and decrease the number of residents who use tobacco						
Strategy	Action Items	Measurement	Responsible Party	Date	Outcomes	
Promote Healthy Eating	Partner with Purdue Extension office on Nutrition Education	# of classes	Outreach	June 2019		
	Increase Community Gardens Utilization	# of Community Gardens				
	Implement Pilot program to evaluate caloric intake at restaurants in Tippecanoe County	MOU with Purdue Intern # of restaurants participating	Foods Division + Administration	December 2021		
Decrease smoking prevalence among young and less educated	Promote Farmers Market Utilization and Knowledge	Signs at Farmers Markets SNAP Benefits Information	Outreach	June 2019		
	Apply for grant to distribute smoking patches	# of grants	Outreach + Administration + Grant Supervisor	January 2020		
Promote Physical Activity and Increase Opportunities for physical exercise	Visit 7th grade health class and report education on BMI	# of school visits BMI Reporting	Outreach	December 2019		
	Bike Walk Greater Lafayette—Join Committee	# of meetings	Outreach	December 2019		

OBJECTIVE: PUBLIC HEALTH OUTREACH

Goal 4: Increase Public Health Outreach and Awareness						
Strategy	Action Items	Measurement	Responsible Party	Date	Outcomes	
Promote Public Health Outreach in Tippecanoe County by TCHD	Hire a Full-time Public Health Outreach Coordinator	Job Description Funding Secured Personnel Hired	Administration	January 2020		
Educate patients on insurance utilization	Help Patients to understand their insurance benefits	# of Patients	Nursing	December 2019		
Promote Community Resources to customers	Identify Community resources and make them available at the counters	# of Flyers # of Brochures	All Divisions	January 2020		
Be involved in the Community	Attend all 6 HAT Meetings Host Birth Certificate Clinics at LTHC Host at least 5 Community Events each year	# of meetings # of clinics # of events	Outreach	December 2020		

OBJECTIVE: ACCESS TO RESOURCES

Goal 5: Promote a stronger presence in the Community.						
Strategy	Action Items	Measurement	Responsible Party	Date	Outcomes	
Connect to Purdue University Campus	Attend 2 Purdue Health Fairs each year	# of PU Health Fairs	Nursing	December 2019		
	Offer Testing to Students	# of Testing events				
Promote Community Services and Events	Social Media Presence: Post Public Health Information once a month	# of posts	Outreach	December 2019		
Increase presence in the Community	Attend Hat Meeting	# of Meetings	Outreach	December 2020		
	Attend HPIN Meetings	# of meetings				
	Continue Bi-Annual CHIP Committee Meetings	#of meetings				
	Participate in Convoy of Hope	# of Convoy Planning Meetings				

APPENDIX

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